MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020610

	ARIMENT OF PU				R	egistration District No. 10 Primary Registration District No. Registrat's No. 113 STATE FILE NUMBER
DO NOT WRITE ON THIS STUB		AME	NDED	,		
				<u> </u>	- 7.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	ဂ္ဂ	1		47	(:)	a. COUNTY Laclede B. STATE Mo. b. COUNTY Laclede admission)
Rev. 4/59	ENDED	1			1 _	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
j	Š	+1	1		1	TOWN Gasconade T.S. 22 yrs. TOWN Falcon Yes I No. I
0530	AM				1 —	
	DATE	1	'		1	HOSPITAL OR INTERPRETATION YES NO D. Yes No D. Yes No D.
20530	Ó	\sqcup	\perp	↓ 1	!=	Rural Route
3 1			' T		3	8. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
		11	'	1	t _	Sally Annie Core DEATH June 8, 1963
/			'		5	S. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 🞝			'			emale white 9-14-77 85
	ام		'		10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
	≨		1		 	housewife Bactede County, No. 0.5.A.
70	FOLLOWS		'	j		135. MOTHER'S NAME 14. NAME OF HUSBAND OR WIFE
	오		'	4		llip E. Kincheloe Sally Hazlip deceased
9 - 1	- AS		\	1 1		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
0./ -			'		(Y	(ds. noor unknown) (if yes. pive war or dates of servi Mrs. Harvey Piercy, Falcon, Mo.
	AR		'	12		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: A PEATH ONSET AND BEATH
10	1	11	'	¥E	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Consucry Thrombosis Sneden
11 8	FCORD POF		'	DOCUMENT	1	
	EA E	` <u> </u>	'	18	1	Conditions, if any, DUE TO (b) anterioscless to the Heart Disease
1270-0	S S		·	"	1	
13/	뢷트	++	<u>'</u>	4 1	1	above cause (a), stating the underlying cause last. DUE TO (c)
	8	11	۱ ۱		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
1		1	۱	1	Ę	disease condition given in PART I (a)
<u> }</u>	Ĕ۱		۱	1	FICAT	☐ Yes SNO ☐ Unknown
i.	AMENDMENTS		۱	1	CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO.22
إذ	읽		۱		2	
z	꽃.		۱		5	20c. TIME OF Hour Month, Day, Year INJURY a.m.
★ Ö .	∢		۱		WED	p.m STATE
BLACK INK OR RITER RIBBON			۱ [1 304 IN HIRA OCCURRED 1 306 PLACE OF HAJORI (e.g., in or epoply former) 1 201. City, 10 1101
<u> </u>		1	1		1.	WHILE AT WORK farm, factory, street; office bldg., etc.)
A S S S	READ	1	۱			21. 1 attended the deceased from 2 26 62 to 68 63 and last saw her alive on 4 4 71 65,
# _ E	8		۱	[\		Death occurred at
USE		1	t			201 ACCIDES 220 HATE SIGNED
USE BLAC OR IYPEWRITER	SHOULD):	1	P.		22 TOWATURE 2. Sker "Ha) M.D. Lebauon, 170 6/20/63.
F	\sigma	'}	\sqcup	VIT	1	The ALLEY OF CONSTRUCT OR CREMATORY 23d LOCATION (City, town, or county) (State)
	Ŏ.	: 🗀	1]	AFFIDA	2.	36. BORIAL TREMATION, 236. DATE
	Ž	1	1	<u> </u>		burial 6-12-63 New Home Cemetery Laclede County, Mo.
	ITEM	1	+	BY A	2.	THE THE DIRECTOR
1	· . =	1 1	1 1	ا مه	I	J. J. Shadd Lebanon, Mo. 6-11-1963 William d. Nag
						(Licensed Embalmer's Statement on Reverse Side)

E961 6 T NAC

AND THE SECOND SECTION SECTIONS

不可能表示 网络克里克克斯

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my personal sup Student	ervision.	Signed	Due M. Horog
Signature of Stu	dent Embalmer	orgited	F/15
	*		Licensed Embalmer No.
	• 1	•	P. O. Address Stungfully
Note: The above MUST	BE SIGNED BY THE LICE	NSED EMBALMER in	his OWN HANDWRITING. (Failupe to comply